| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155223 | A. BUILDING 01<br>B. WING _____ | R<br>02/11/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WATERS OF COVINGTON THE | 1600 E LIBERTY ST<br>COVINGTON, IN 47932 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| {K 000} | INITIAL COMMENTS<br><br>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 12/12/12 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).<br><br>Survey Date: 02/11/13<br><br>Facility Number: 000128<br>Provider Number: 155223<br>AIM Number: 100289650<br><br>Surveyor: Bridget Brown, Life Safety Code Specialist<br><br>At this PSR survey, The Waters of Covington was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.<br><br>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident sleeping rooms are equipped with battery powered smoke detectors. The facility has the capacity for 119 and had a census of 100 at the time of this survey.<br><br>All areas with resident access were sprinklered except a three sided detached smoke hut. All areas providing facility services were sprinklered. | {K 000} | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| WATERS OF COVINGTON THE | 1600 E LIBERTY ST<br>COVINGTON, IN 47932 |

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|---|---|---|---|---|
| {K 000} | Continued From page 1<br><br>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/12/13. | {K 000} | | |